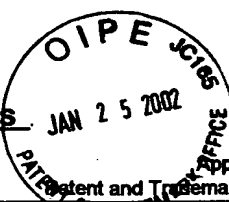


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U.S. Department of Commerce
Patent and Trademark Office

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

☐

Declaration
Submitted
with Initial Filing

OR

☒

Declaration
Submitted after
Initial Filing

Attorney Docket
Number

C 2290 COGG

First Named
Inventor

BONAKDAR, Mehdi

COMPLETE IF KNOWN

Application Number

09/923,626

Filing Date

08/07/2001

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PROCESS FOR THE PRODUCTION OF STEROLS

(Title of the Invention)

the specification of which

☒

is attached hereto

OR

☒

was filed on (MM/DD/YYYY)

08/07/2001

as United States Application Number or PCT International

Application Number

09/923,626

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO
100 38 456.0	DE	08/07/2000	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.
		<input type="checkbox"/>

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING DEPOSITED
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(DATE OF DEPOSIT)

Rose A. Stowe
(SIGNATURE)

Rose A. Stowe

December 14, 2001
(DATE OF SIGNATURE)

DECLARATION

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code §112.1 acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

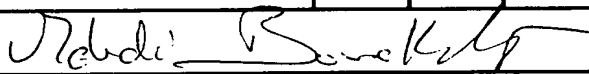
<input type="checkbox"/> Firm Name		Customer Number	or label	
OR				
<input checked="" type="checkbox"/> List Attorney(s) and/or agent(s) name and registration number below:				
Name	Registration Number	Name	Registration Number	
John E. Drach	32,891	Aaron R. Ettelman	42,516	
Steven J. Trzaska	36,296	Henry E. Millson, Jr.	18,980	

☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

Please direct all correspondence to:	<input checked="" type="checkbox"/> Customer Number	or label	23657	OR	<input checked="" type="checkbox"/> Fill in correspondence address below
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Name	Aaron R. Ettelman				
Address					
Address					
City		State		ZIP	
Country		Telephone	610-278-4930	Fax	610-278-8548

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned					
Given Name	Mehdi	Middle Initial		Family Name	Bonakdar	Suffix e.g. Jr.	
Inventor's Signature					Date	16.11.01	
Residence: City	Langenfeld	State		Country	Germany	Citizenship	Germany
Post Office Address	Zum Braeuhaus 28						
Post Office Address							
City	40764 Langenfeld	State		Zip		Country	Germany
Applicant Authority							

☒ Additional inventors are being named on supplemental sheet(s) attached hereto

DECLARATION						ADDITIONAL INVENTOR(S) Supplemental Sheet			
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Gerhard	Middle Initial		Family Name	Wollmann	Suffix e.g. Jr.			
Inventor's Signature	<i>Wollmann Gerhard</i>					Date	16.11.01		
Residence: City	Hilden	State		Country	Germany	Citizenship	Germany		
Post Office Address		Koelner Strasse 87							
Post Office Address									
City	40723 Hilden	State		Zip		Country	Germany	Applicant Authority	
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Bernhard	Middle Initial		Family Name	Gutsche	Suffix e.g. Jr.			
Inventor's Signature	<i>Bernhard Gutsche</i>					Date	16.11.01		
Residence: City	Hilden	State		Country	Germany	Citizenship	Germany		
Post Office Address		Kallstert 96							
Post Office Address									
City	40724 Hilden	State		Zip		Country	Germany	Applicant Authority	
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	Joerg	Middle Initial		Family Name	Schwarzer	Suffix e.g. Jr.			
Inventor's Signature	<i>Joerg Schwarzer</i>					Date	16.11.01		
Residence: City	Hilden	State		Country	Germany	Citizenship	Germany		
Post Office Address		Kunibertstrasse 13							
Post Office Address									
City	40723 Hilden	State		Zip		Country	Germany	Applicant Authority	
Name of Additional Joint Inventor, if any:						<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name		Middle Initial		Family Name		Suffix e.g. Jr.			
Inventor's Signature						Date			
Residence: City		State		Country		Citizenship			
Post Office Address									
Post Office Address									
City		State		Zip		Country		Applicant Authority	
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto									